



Mind the past to build the future

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“Mind the past to build the future: Systematic attention for Mental Health and Psychosocial Support (MHPSS) in peacebuilding efforts” member state consultation¹

Hosted by Stabilisation and Humanitarian Aid Department, Ministry of Foreign Affairs,
Dutch Government, Zoom Input, 29 April 2020

Input by Professor Brandon Hamber

I was asked to give a brief insight into the psychosocial dynamics that need to be analysed and addressed when working on the peace-conflict continuum, and the value-added of Mental Health and Psychosocial Support (MHPSS) in peacebuilding efforts. Also, to focus on the importance of ongoing efforts to integrate MHPSS in peacebuilding. I base my remarks here on a chapter written for a large-scale research project into psychosocial issues and peacebuilding carried out by myself and colleagues.²

What we know is that armed conflict and the political violence that flows from it is deeply contextual. Violent and armed political conflict results in the loss of life, as well as physical and psychological injury to those exposed to that violence, but can also damage community social and political infrastructure. Typically, the impacts of such conflicts on populations have demonstrated wide scale individual impacts such as depression, anxiety and post-traumatic stress symptoms (Murthy 2007; Tol et al. 2013). Not to mention other broader psychological impacts such as "complicated bereavement reactions, substance use disorders, poor physical health, fear, anxiety, physiological arousal, somatisation, anger control, functional disability" and developmental issues for childhood (Murthy 2007, p. 183).

However, armed conflict also destroys community infrastructure and undermines the individual sense of belonging (Hamber 2009), as well as dismantling public institutions (Beristain 2006) thus harming norms, values and principles (Lykes 2000). To quote Bracken and Petty (1995): “modern warfare is concerned not only to destroy life, but also ways of life” (p. 3).

Given this, we need to think of armed conflict as a social process of destruction or deterioration rather than as an event (Dress, 2005). This process can be rapid or chronic and disabling over a long period (Hynes 2004). Reconstructing society after armed conflict is therefore a multifaceted process that moves beyond addressing individual needs. Any situation of armed conflict is intensified by the social problems linked to and often created by war such as, and not limited to, poverty, unemployment, social exclusion, poor education, inadequate housing, crime, environmental degradation, corruption, gender violence, and a general lack of personal and human security. From a psychological perspective, social problems such as these exacerbate not only psychological suffering but also have dramatic social ramifications leading to a vicious

¹ An initiative run by the Dutch Government to find opportunities to enable international bodies, tasked with building sustainable peace, to integrate psychosocial aspects in all stages of their work.

² This input is based on and parts extracted from Hamber, B., Gallagher, E., Weine, S., Agger, I., Bava, S., Gaborit, Murthy, R.S, and Saul, J. (2015). Exploring how context matters in addressing the impact of armed conflict. In B. Hamber & E. Gallagher (Eds.), *Psychosocial Perspectives on Peacebuilding*. New York: Springer. Any use of this material should be referenced to the above. This book *Psychosocial Perspectives on Peacebuilding* was developed as part of a multi-year study supported by the International Development Research Centre (IDRC) and led by Professor Hamber in collaboration with the Inger Agger, Saliha Bava, Glynis Clacherty, Alison Crosby, Sumona DasGupta, Mauricio Gaborit, Elizabeth Gallagher, Igreja, M. Brinton Lykes, R. Srinivasa Murthy, Lorena Núñez, Duduzile Ndlovu, Ingrid Palmary, Gameela Samarasinghe, Jack Saul, Shobna Sonpar, Nadera Shalhoub-Kevorkian, Stevan M. Weine, and Mike Wessells.

circle of social and psychological degradation. This can range from increasing the probability of armed conflict as the unaddressed social issues fuel resentment, through to individual psychological impacts, and wider social and familial breakdown manifesting in damaged community and socio-economic life.

Therefore, psychosocial problems following violent political conflict encompass far more than the experience of PTSD as the Inter-Agency Standing Committee has noted (IASC, 2007). Over the last few decades, a debate has raged within mental health circles about what interventions are appropriate and effective for dealing with the impact of armed conflict. At the risk of simplifying a complex discussion, traditionally this has been cast as a dichotomous tension between those offering different treatments for the impact of political violence typified by clinical treatment for PTSD such as Cognitive Behavioural Therapy, and those who have favoured a less clinical and more community-driven approach stressing concepts such as self-help, resilience and community-based activities that are said to have a therapeutic and socially reconstructive effect (Saul 2013).

What is undoubtedly clear, however, is that a “one size fits all” approach is not indicated (IASC, 2007). The medicalised approach does not capture the breadth of impact of armed conflict risking pathologising local communities and shifting skills and resources to “outsiders” while drawing attention away from structural conditions causing suffering in the first place (Lykes & Crosby, 2015). It is therefore vital that communities and localised supports form the backbone of psychosocial initiatives; this is critical to sustaining peace, enhancing resilience and ensuring contextual and culturally relevant approaches (Hamber & Gallagher, 2015).

Few would now contest that support is needed for individuals and communities to deal with and recover from armed conflict, as well as to support them in addressing the wider social issues outlined above. An extensive global review of the types of interventions typically used in low-income and middle-income countries to assist survivors of humanitarian emergencies (this includes armed conflicts, wars and disasters) showed that the most commonly used interventions were counselling, providing and facilitating community-based social supports, structured social activities (including child-friendly spaces), provision of information, psycho-education and awareness-raising (Tol et al. 2011). Other interventions have been unidentified in a range of studies (see Hamber & Gallagher, 2015), among others:

- group sharing of problems
- community dialogue
- traditional healing rituals
- art projects
- theatre initiatives
- interpersonal skills development
- training on issues such as human rights and mediation,
- reconciliation initiatives, and
- engagement in livelihood projects.

These types of interventions are sometimes referred to, as Sri Lanka psychologist Galapatti (2003) noted, under the “umbrella” category of psychosocial interventions even though the

parameters of what exactly constitutes a psychosocial project³ is not always clear. There are debates about the efficacy of different approaches (Psychosocial Working Group 2003). Many of these interventions also overlap with what we might call people-to-people peacebuilding work.

Firstly, therefore, ***“psychosocial” can be thought of as being about interventions and practices⁴ that promote well-being*** through recognising the link between the psychological and the social. These *interventions and practices* can take place with a range of *constituencies* (e.g. victims groups, refugees, young people) that operate in *different spaces* (e.g. the courtroom, indigenous healing rituals, the therapy room, churches, etc.), and are driven by *different practitioners* (e.g. mental health workers, local community, activists) (Hamber, et al., 2015).

Secondly ***psychosocial offers a broader lens for thinking about peacebuilding***. This lens beckons us to think holistically and to ask how interventions impact on the social context and the mental health of individuals and understand what needs to be addressed in the peacebuilding phase. This lens also means we need to appreciate the psychological impact of the political and policy interventions of funders, governments and developmental agencies, as well as the essential role of context in all armed conflict situations. This has implications for how we plan, conceptualise our interventions, and understand the change we are trying to make in peacebuilding (as well as through psychosocial interventions and practices).

But taking this holistic approach to psychosocial needs has its challenges. What we know is that there is often poor coordination in humanitarian crises and following armed conflict (Wessells 2008). Equally many of those offering psychosocial interventions struggle to think about the wider social implications and context of their work, rather choosing a narrow mental health approach. Many of those offering specific support (such as legal services or human rights awareness raising) also often do not consider the social and psychological impact of their work or view it in a compartmentalised way.

In conclusion, a psychosocial approach demands a closer integration of specific psychosocial interventions into the peacebuilding landscape, on the one hand. On the other hand, the psychosocial approach also requires a more integrated and holistic approach, or lens, to peacebuilding more broadly. This is daunting. Nevertheless, many of the UN agencies and other interventions in the peacebuilding area are already working in the social and community space, and increasingly recognising the need to address the psychological impact of various policies and interventions. The psychosocial lens thus offers significant opportunities to enhance the very essence of our peacebuilding work.

³ The term psychosocial is helpful and extends the boundaries of theory and practice beyond the individual. However, it can still miss critical dimensions of human experience. That is, the emotional and psychological, the social and the material, cannot be separated in reality. Adding a notion of intervention or programming that focuses on one side of the “psycho” or “social” equation or the other (although useful at times for individuals), or implying that one affects the other in any linear or even dynamic way, does not conceptually grasp how people live their lives and how their sense of well-being is holistically understood. See Williamson and Robinson (2006) on the challenges of compartmentalising psychological, social and material issues, as well as Hamber & Gallagher (2015).

⁴ The use of the word *practices* flowed from the project outlined in 2. above. The project that led to the book Hamber and Gallagher (2015), found that thinking about psychosocial in the context of “programmes” or “interventions” was limited as it implied formal generally funded projects. However, many communities affected by armed conflict were engaging in a range of practices aimed at well-being that were not run as projects or programmes, but existed within and as part of the community fabric (e.g. healing rituals, grieving processes, use of churches, ceremonies, commemorations). The wider term psychosocial practices, rather than interventions, better capture this.

References

- Beristain, C. M. (2006). *Humanitarian aid work: A critical approach*. Philadelphia: University of Pennsylvania Press.
- Bracken, P. J., & Petty, C. (1998). *Rethinking the trauma of war*. London: Free Association Books.
- Dress, T. (2005). *Designing a peacebuilding infrastructure: Taking a systems approach to the prevention of deadly conflict*. New York: United Nations.
- Galappatti, A. (2003). What is a psychosocial intervention? Mapping the field in Sri Lanka. *The International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 1(2), 3–17.
- Hamber, B. (2009). *Transforming societies after political violence: Truth, reconciliation, and mental health*. New York: Springer.
- Hamber, B. & Gallagher, E. (Eds.), *Psychosocial Perspectives on Peacebuilding*. New York: Springer.
- Hamber, B., Gallagher, E., Weine, S., Agger, I., Bava, S., Gaborit, Murthy, R.S, and Saul, J. (2015). Exploring how context matters in addressing the impact of armed conflict. In B. Hamber & E. Gallagher (Eds.), *Psychosocial Perspectives on Peacebuilding*. New York: Springer.
- Hynes, H.P.(2004). On the battlefield of women's bodies: An overview of the harm of war to women. *Women's Studies International Forum*, 27(5–6), 431–445.
- IASC. (2007). *Inter-Agency Standing Committee (IASC) guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC.
- Lykes, M. B. (2000). Possible contributions of a psychology of liberation: Whither health and human rights? *Journal of Health Psychology*, 5(3), 383–397.
- Lykes, M. Brinton and Crosby, Alison (2015). Creative Methodologies as a Resource for Mayan Women's Protagonism. In B. Hamber & E. Gallagher (Eds.), *Psychosocial Perspectives on Peacebuilding*. New York: Springer.
- Murthy, R. S. (2007). Mass violence and mental health—Recent epidemiological findings. *International Review of Psychiatry*, 19(3), 183–192.
- Psychosocial Working Group. (2003). *Psychosocial intervention in complex emergencies: A conceptual framework*. Edinburgh: Psychosocial Working Group.
- Saul, J. (2013). *Collective trauma, collective healing: Promoting community resilience in the aftermath of disaster*. Routledge psychosocial stress series. New York: Taylor & Francis.
- Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., Golaz, A., & Van Ommeren, M. (2011). Mental health and psychosocial support in humanitarian settings: Linking practice and research. *The Lancet*, 378(9802), 1581–1591.
- Tol, W.A., Bastin, P., Jordans, M. J. D., Minas, H., Souza, R., Weissbecker, I., & Van Ommeren, M. (2013). Mental health and psychosocial support in humanitarian settings. In V. Patel, M. Prince, A. Cohen, & H. Minas (Eds.), *Global mental health: Principles and practice* (pp. 384–400). New York: Oxford University Press.
- Wessells, M. (2008). *Trauma, peacebuilding and development: An Africa region perspective*. Paper presented at the trauma, development and peacebuilding conference, New Delhi, India, September 9–11, 2008. Hosted by the International Conflict Research Institute (INCORE) & International Development Research Centre (IDRC).
<http://www.incore.ulst.ac.uk/pdfs/IDRCwessells.pdf>. Accessed 11 Nov 2013.
- Williamson, J., & Robinson, M. (2006). Psychosocial interventions, or integrated programming for well-being? *Intervention*, 4(1), 4–25.